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Volume 4, Number 3 Nov.-Dec., 1983

...wishes you a joyous holiday season



ons for the Dean, After 3 Years

By Martin Kipp

Q: How do you feel your first 3 vears have been here at ICO? A: Well, I've enjoyed them. I feel there has been a lot of positive activity. It's been a new experience for me but I've enjoyed it.

Q: Have you had any difficulty due to your lack of optometric background?

A: That's a question I've been asked a number of times. An administrator of an academic setting deals with many things more than the academics. Therefore, I find that probably 90% or better or the things I deal with have nothing at all to do with optometry per se; they have to do with academic administration budgets, personnel management. So the thing that I identified early with was that it certainly was necessary to

Dr. Berman and the chairman that did have the background available to deal with particularly optometric curriculum matters of course knowledge. So I've handled it in that way.

I'm surely not unique, there's a president of one of the optometry schools that's not an O.D. There's another dean at an optometry school that's not an O.D. and in the other professions there are people who don't hold the professional degree of their

Q: What do you think have been the big changes since you've been here? My class was first year when you first came to ICO. So we've seen some of the changes that have taken place; some were better than others. But what do

have people on my staff such as you feel were your best changes ing into. Certainly, performances since becoming dean?

> A: I recall some of the student has improved. Certainly the feedconcerns that I received in my some of the upper division students at that time expressing concern that there was not enough demand in the courses. They were wondering if they were get- academic changes.

on the boards, if that an indicator,

back that I've gotten from recent first year primarily dealt with the grads is that they are able to funclack of academic rigor. With tion on state boards such as N.

> Carolina and W. Virginia adequately. So I think overall there has been positive benefit from the

Q: What do you feel was your

best achievement, that which you

A: I think that one of the things that the students didn't fully understand was that when I came here as dean of this institution, it's accreditation was in jeopardy.

There was concern as to what was

are most proud of?

certainly the faculty and students that were involved with that deserve the credit.

Q: What do you think was your biggest mistake here? Do you have any regrets, anything you're not proud of?

A: Certainly I've made mistakes. I think if you don't make mistakes then you're not accomplishing much or you're certainly not involving much activity. Perhaps in the area of student concerns, added communications will always be needed. Students at times wonder why things happen and become emotionally reactive to changes that come from adminstration. Therefore, I should have spent more time explaining the need for some of the changes before the fact occured and involved more student input into those decisions.

In relation to faculty, I think there have been overall positive turn around of faculty. But I'm certain there are some faculty who have left because of disagreement with the adminstrative changes that were taking place, that were good faculty. It's difficult to know how much of that was personality conflict and how much would have occurred irregardless of who the dean was but by the fact that there now was a dean.

Continued on page 3

Post-Grad Residencies

By Dennis W. Siemsen, OD

In my position as Director of Residency Programs, my primary responsibility is to coordinate the residencies offered by and affiliated with ICO. These include our contact lens and binocular vision residencies, and the Westside VA residency:

In addition to this, I am also gathering materials regarding programs offered by other institutions. Among these are residencies, degree programs, and fellowships.

There are a number of reasons for considering post-graduate work. Most optometric residencies offered are geared toward improving clinical skills in a particular specialty area, such as pediatrics, VT, ocular disease, low vision, and contact lenses.

Others offer advanced training in more general areas as family practice and primary care. Still others emphasize training within a particular context, such as hospital-based or multi-disciplinary care.

Which one individual chooses, if any, depends or several factors. First, what is the ultimate goal? Some programs will train the in-dividual better for a given mode Second, what geogra-

phic area are you interested in? A residency provides an opportunity to live in an area to see what it's like, and also helps in making contacts for eventual association. Third, family and spouse considerations are very important. Uprooting the family for what may be only a one-year stay in Podunk may be great for a career, but leave you with a

How does one decide? Start out by thinking about the three points just mentioned. Then review the materials I have about specific programs. These will outline the basic information regarding applications, stippined, duration, and what's offered. Then try and talk with some people who have first hand knowledge of the pro-gram. This may be someone who's been through it, or even a person who went to optometry of there, or worked a summer the facility. Most programs will end out additional information on request.

A residency can be a terrific experience, and can open up many oppotunities which would otherwise not be available. But they aren't for everybody. Feel free to stop and talk with me about your plans and review the materials in

ting an education that would allow them to function well in the profession. I think some of that has begun to be addressed. We've attracted some faculty that have strengthened the program. I think that there have been proper curriculum changes, primarily under the direction of Dr. Berman and the Academic Affairs Committee, that have added academic rigor. It's of interest now that some of the concerns that students present to the deans of fice now are on the side, wondering if there is too much demand being placed on the students. And I think that always must be monitored. But I hask that at this point we have a curriculum that is challenging and I think also it prepares the students to function in the students.

the action of the past accrediting it and the previous administrahad not addressed that. I would say through the efforts of the faculty and students and committees that were formed, in 11 months this institution accomplished a self study and preparation for a site visit that culminated in a full accreditation that most institutions plan over a 24 month period. I think that that is a significant achievement that has in the profession that they are gooccured in the past 3 years and

... overall there has been a positive

benefit from the academic changes"

Rudents' turn...

Faculty Evaluations

By Carol Johnson

In a meeting with the Patient Care Division, students were invited by Dr. Weinrib to offer input into the development of new clinical faculty evaluations. Although final approval of these clinical faculty evaluations must come ultimately from the Dean's office, the evaluations were submitted to the class representatives for their approval.

In essence, clinical faculty will be evaluated in the following area: availability in assigned area, quality of the learning experience and professional demeanor. Looking at each area more closely, this can be interpreted in the following way. Faculty are expected to have their modules open during assigned time slots, and to be present for the duration of that time slot. If for any reason a faculty cannot report to his module, an alternate faculty must be designated, and a notice posted to that effect. Faculty will be evaluated on a scale of one to five, which will be clearly stated on each evaluation

The quality of the learning experience refers to the staff's ability to review each case thoroughly with the intern, while allowing the latter to ask questions or express opinions without feeling intimidated.

Professional demeanor describes the way in which the faculty has dealt with the patient and intern. Both should be treated with courtesy and respect.

Dr. Weinrib encourages interns to use this clinical evaluation system - not as a means of "getting back" at faculty, but as a means to provide feedback as to a faculty's strengths and weaknesses. These evaluation forms can be used in Dispensing or any division of Patient Care, and should be especially encourage if an intern feels that a faculty shows expertise in a particular area. Dr. Weinrib feels that all too often evaluations are regarded in a negative vein where they might be used more positively. He hopes to see the interrelationship between faculty and students improve as an ultimate goal.

Subjective

New Book Reviews

Developmental Psychometrics: by Jack L. Fodely and Virginia Hosler. This volume presents a holistic method of assessing the developmental level of children and adolescents in language, intelligence, perceptual motor skills, personality and social concepts. The opening chapter includes reviews of gross and fine motor assessment and visualperceptual and vision screening.

This book is a concise overview of the field and a helpful guide to materials and techniques employed.

The Rights of Children: edited by James Herring. Contributions of professionals in law, psychology, health care, education and social welfare are combined to demonstrate the needs and rights of children in modern society. Specific topics include conflicting laws, medical decision making, child abuse, children as research subjects, the educationally handicapped and chronically ill children.

ADVANCES IN MIGRAINE **RESEARCH AND THERAPY:**

F. Clifford Rose ed. This volume provides a comprehensive survey of the current understanding and management of the Mi-

Authors challenge traditional beliefs and offer new insights into etiology, diagnosis and therapy

Focus welcomes Letters to the Editor. Submit typed, signed leters to Box 382 or Box 54. Names will be withheld on request.

THE

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Frube says...

oilent Green is People!

Let's face it, the high prices we charge for prescription glasses in our dispensary is a cold sore on the lip of I.C.O. There are many challenges we have to face here, like forging signatures on clinical activity and observation sheets, taking the el at three in the morning alone and naked, or taking our adminstration seriously. But none is more challenging than finding the words to tell a patient why they should spend twice as much money as necessary for their prescription glasses. Sure, most of our patients can afford it, but there are a couple of patients we see from time to time in our clinic who are from the south side of the city and don't have a great deal of cash lying around ready to be evacuated into the I.C.O. toilet. First and second year students should start thinking right now about what they're going to say to a patient when this question comes up.

Intern: Well Mrs. Rambulatya, our findings tell us that you are a presbyope. Patient: A what?

Intern: Let me put that into laymans terms. Your eyes are changing and I'm afraid you're going to need some glasses. You see, relics such as yourself lack the pliability in their accommodative infrastructure necessary to keep them functioning as useful human beings. In fact, some of the same destructive forces which have caused this weakness in your viewal system on the same to be a superior of the same to be a superior of the same destructive forces which have caused this weakness in your viewal system. visual system are busily at work right now tearing down many of the vital bodily functions you need in order to remain on this

This is a situation which will never get better and will only become worse as you get closer and closer to your eventual death.

Patient: Can I get my glasses here?

Intern: Sure, it means that I have to spend more time with you than I really care to, but you can get them here.

Patient: What kind of frames do you have?

Intern: We have metal frames, plastic frames, wood frames, leather frames, plutonium frames, asparagas frames, frames in the shapes of circles, squares, states of the union, wafers of communion, a robbin's nest, a women's breast, hearts, shopping carts, Dodge Darts and body parts, pop tarts, supermarts, and one in the shape of a squamous cell carcinoma.

ing to cost me?

Intern: Well the frames will run to charge this much money, put you about \$25.00, the lenses about \$45.00, there's are \$12.00 fee for the oversize lenses needed to fit into these new large fashionable frames, and of course there is a professional dispensing fee of \$35.00 bringing your total to about \$117.00.

Patient: What is that \$35.00 professional dispensing fee for? Intern: That's for the five or so minutes it takes me to write up your order.

Patient: So I'm paying you for your time? Intern: Yes, exactly.

Patient: Then why did a one and a half hour exam cost me only \$25.00, and five minutes in dispensing cost me \$35.00? Intern: I don't know. No one's been able to explain that yet.

And the intern hangs his head in shame. Could it be that Dr. Banwell and the others in charge have forgotton what it's like to be poor and have to struggle just to get by? Have they forgotton the early days growing up in the Roert Taylor homes, having to pick up optometry on the streets?

Hey, I mean, come on, really, isn't the reason for sticking the school in this feces incubator of a neighborhood to provide optometric services to a sector of the population who might otherwise have to go without proper eye

Patient: How much are they go- care? Why charge more than many other labs do? If you're going the school in Highland park. Boyd, baby, we're a teaching institution, we're not supposed to in this thing for a profit. Maybe when I'm older I'll understand.

> Maybe when the money is going into my own pocket I'll rape the public like this too.

> But I don't mean to be too negative. Our administrators have their funny side too. Here is an actual memo sent to faculty members last July: "This supersedes anything I've said on this subject: When rules are inconsistent or conflict with other rules, then compliance with any such inconsistent or conflicting rule shall be deemed to be compliance with all such inconsistent or conflicting rules." You've got to give credit to an administration that can write a memo like that.

This months funky patient name contest goes to a child with a very, very cruel mother. The patient's name is, and I stake my journalistic imaginary reputation that this is a true, Maybe Cherry. There is a real girl out there with the name of Maybe Cherry. Another paient, April May has a bad name, but it doesn't come close to Maybe Cherry.

I guess that's it for now. Have a nice holiday and remember you can only find the waters of tomorrow in shoes made yesterday. And Soilent Green is people.



he Case History — Dr. Hodur

By Bob Juckett

This article is the 2nd of several to appear in the Focus each month and is intended to add some additional insight into the private lives of some of ICO's most interesting personalities.

Patient: Dr. Neil Hodur

Age: 33

Birthplace: Chicago

Occupation: Spy for SUNY on optometric programs & techniques

Current Home: Oak Lawn

Marital Status: Last time I looked, I was married.

Current working on: My house

First Job: Taking out garbage 10¢/week. Spent on baseball cards.

Last Good Movie I Saw: Mr. Roberts

Joey's

Have you visted Joey's lately? They are having their usual wintertime specials. Their homemade soups and chilis are just great and reasonable. Also, they are featuring a Kosher Red Hot with French Fries for 99¢. Get over there and try it. It will be a great treat. Joey's is located right across the Dan Ryan at 31st. Don't forget!

Joey's

hart and Cheers. Of all time is the tions Dick Van Dyke Show.

Favorite Book: Ball Four; Complete works of Shakespeare.

Most Important Book I Never Read: Faculty Manual

Favorite Pig-Out Food: Popcorn

Favorite Performers: Peter O'Toole and Ketherine Hepburn

Personal Heros: Stan Musiel for his work with kids. Hoss Cartwright, & Dr. E. Richard Tennant — the only true educator I've ever know.

Every New Year's Eve I resolve: To make it to another one.

Favorite T.V. Show: Bob New- I'm a Sucker For: Fee Reduc-

People Who Knew Me in High School Thought I was: The most likely to never become a teacher.

The Worst Advice My Mother Ever Gave Me: Go to school and not play professional baseball.

Best Time of My Life: July 22, 1972; June 30, 1975; February 16, 1978

Worst Time of My Life: January

My Friends Like Me Because: Do they? I've never asked them.



Neil Hodur O.D.

Behind My Back They Say: Where'd he go?

The Best Job At ICO Belongs To: Captain Video of the 1st year

If I Couldn't Be an Optometrist, I'd Be: One of the four starters for the Chicago White Sox in 1984 or a Philanthropist

If I Could Change One Thing About Myself, I Would: Change my size so I could buy clothes off the rack.

lestions for Deal

Continued from page 1

Q: When you stopped intern use of phones second summer session, what was the reason behind that?

A: The change in the phone usage was not a unilateral discussion of the dean's office. I think students felt the dean just made a decision. Interestingly, that was discussed for some time by the President's Cabinet which included the president, both vice presidents and Dr. Porter as executive director of clinic. Our phone situation was such that we did not have as many

in-coming lines as an institution our size should have. I attempted to respond to the student concerns that were precipitated by that and have attempted to make telephones available as needed.

It's interesting, I've gotten an extreme range of reactions. I have a letter from a student who was very pleased that there were now telephones accessable that they could use in a more professional manner in a place outside of the examining rooms and I've got one that states it was a heavy handled decision that the dean made without any consideration for stu-dents. So I think there was some misunderstanding.

What do you see as the goals for ICO in the near future?

A: The goals as far as academic background certainly must coincide with the goals of the total administration, primarily the presidents office. I've worked closely with Dr. Banwell to attempt to move ICO towards a stature of being one of the top, if not the top, optometric institutions in the country. We want to better prepare students to do what they spent their time and money to do and that's to practice optometry and to do it in a professional manner. I have visited all but two of the optometry schools and I'm convinced that we have the resources and the potential to be the best clinical teaching institution of optometry in the world. I think that can be achieved perhaps in

the next two to three years. And my goal as dean is to do that with the appropriate mix of professional environment as well academic

What are your personal goals the future?

The die was cast some years ago with the change to administration. A researcher in the basic sciences finds that in a matter of two to three years outside of the literature you become outdated.

So I hope to continue in administration. I have enjoyed the fact that I've been a faculty for about twenty years and I'm aware of the benefits and awards in administration. But my immediate goal would be to, hopefully, continue to work with the faculty to improve the academic environment at ICO. At the present time my relationship with the president is one of which I feel he has confidence in the direction that the academic program is moving. I think he and I have varied backgrounds and therefore compliment one another, which perhaps is well for both of us. At the present time I intend to stay at ICO and continue to work on the development of faculty and stu-

Q: Who do you hope to see as President next November?

A: It's interesting, I certainly have been observant as everyone else of the various candidates. I have read with interest some of the things about Senator Hart.

There is some vigor I think in the new ideas he has put fourth.

Q: What is your favorite color? A: I guess blue as you might guess from the clothes I wear.

Note: I gave Dean Cromer a copy of the questions I would ask before the interview. As I was leaving I asked the dean if he ever used his phone for personal calls.

He said he did but that he was in a private office which was a different setting than a clinic. He said that if each intern had their own office it would be another story. I'm sure many of you have a few other questions you would like to ask the Dean. If you put your (serious) questions in my box, 247, I'll see if I can get another 20 minutes of this busy mans time.

Equipment Fair Prize Winners

Prize winners at ICO's equipment fair included Steven Maxwell, winner of a Welch Allyn pocket ophthalmoscope supplied by Wisconsin Optical Service.

Gary Burkhardt won a Krimsky-Prince Rule also supplied by Wisconsin Optical.

Tom Pratt won a Copeland 360 retinoscope supplied by Benson Optical.

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Champs crowned

ron Dukes Down Monster Kielbasa 21-19

By Brett Monson

This years only fourth year team, the Adipose Gridiron Dukes captured the intramural football championship last Saturday at the IIT intramural fields on a very cool autumn day.

They achieved the championship by first defeating the Dino Bears (1st year) 34-20 in a semifinal game and then defeated the only previously unbeaten team in the league, Monster Kielbasa, 21-19 in the championship game.

In the semifinal game, won 34-20 by the Dukes, Bob Dickey broke open the close ballgame with a 45 yard interception return for a touchdown to give the Dukes their eventual 14 point margin of victory. Quarterback Brett Monson threw for 3 TD's, two to Dickey and one to Gar Christenson, and ran for the other TD as the Dino Bears couldn't stop the potent Duke offense. Monson had plenty of time to throw behind the great pass blocking of ex-Augustana standouts Brent "fat-man" Gandolfi and Guadala-"Hairy" Stadelman, and the newly acquired "squirrel back" Brian Davis, and had little trouble finding Dickey and Christenson all day. The Dino Bears offense kept up with the Dukes under the direction of quarterback Steve Feitig until Feitig went down with a leg injury and missed portions of the second half.

In the championship game, the Dukes again got to the scoreboard first with a 10 yard scoring pass from Monson to Dickey. The extra point was good and the Dukes went up 7-0.

Monster Kielbasa struck back quickly on a 40 yard scoring strike from quarterback Dean Bauer to fleet footed Mark Scheel. The extra point failed and the Dukes still led, 7-6.

The Dukes then had trouble moving the ball against the M.K. defense anchored by linemen Bill Dean and linebackers Mark Scheel and Jim Budge. The Dukes were forced to punt and backed the M.K. offense up to their own 2 yard line. The Dukes fiesty defense, led by John "too tall" Gorz, the "fat man", and Brad "G.Q." Clodfelter then forced a safety on M.K. which was the eventual margin of victory and took a 9-6 halftime lead into the locker room.

Monster Kielbasa took the second half kickoff and marched 60 yards into a stiff breeze for the go ahead score. Ray "crazy legs" LaLonde went the final 20 vards on a pitch from Bauer for the TD.

The Dukes trailed for the first time all day 12-9. The talented Duke offense came right back with a drive of their own to regain the lead. The key play was a 20



The champions!

yard pass from Monson to Christenson which came on 4th down and fifteen yards to go. Monson ran the final 2 yards for the TD and the extra point failed making it Dukes 15, Monster K. 12.

Then came the pivotal play of the game. Martin "small but slow' Kipp picked off a Bauer pass and slowly spirited it back to the Monster K. 20 yard line. On the next play Monson hit Christenson on a 20 yard scoring pass.

The extra point was good and the Dukes led 21-12, they never look-

The Duke defence assured the victory with two late intercep-

The victory celebration was held at Fat Alberts A-B-C tap and Marty Kipp led the team in the "Safety Dance" as the Adipose Gridiron Dukes retired in to drunken oblivion.

Activities funded

Alumni Assoc. Supports Students

By Joyce Schiermever

Did you see them? Were they taking part in continuing education? No. Were they prospective faculty? No. Who were those men walking the halls of ICO on October 14th and 15th? They were members of the ICO Alumni Council. The Council is made up of seven members from seven regions of the United States, plus a faculty representative, student representative, and an IOA-ICO liason. Included in this group is a liason to the Board of Trustees.

The Council meets twice a year, at the college, in order to direct the activities carried on through the alumni office. These diverse activities include the publication of the Image which is the alumni newsletter, various fund raising projects such as membership dues and the Kenneth P. Martin Memorial. Key areas of concern and effort by the Council and Alumni Association are student recruitment and graduate placement, continuing education for the alumni, student externships, and fund raising.

In the previous issue of the Focus was a list of many of the student activities supported by the Alumni Association. In order to continue this support, the Council spent a good deal of time during the October meeting listening to various students leaders. ganization leader gave a or talk about their group's acities, the number of students

involved and their financial needs and various means of support.

The SVOSH organization was represented by Sharon Roberts and Bill Bordwell. This group will receive \$2500 this year from the Alumni Association. The Focus was represented by Todd Bussian and it will receive \$1000. Intramurals was represented by Brett Monson and will receive \$500. The Yearbook was represented by Julie Schornack and this organization will receive \$1000 this year. Rick Trevino represented NOSA and Gar Christenson represented AOSA. These two organizations will receive \$1500. Janyce Joddal represented the fourth year uation committee which will be receiving \$2000. This is a total of \$8500 given directly to the students by the Alumn Association.

Another role of the Alumni Council is to establish a link bet-

ween the ICO student and the ICO graduate. This is a very vital, two way street where the student and practitioner can gain knowledge and understanding of the other's background and pe tion. In order to strengthen that link, each Alumni Council member has been assigned a particular ICO class to follow through their years at ICO those council members recently visited their respective class while meeting at the school this past October. The purpose of this get together was to discuss optometry in the counmember's own practice, state, and region. It is our goal that the alumni council members can become a source of information for the students.

As you can see, the Alumni Association is a very vital part of the college's life support and plays a very significant role in each student's college career.

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